III

IMPOTENCE

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THERE is so much to be said about the subject of to-night's discussion and so little time in which to say it that I shall deny myself the pleasure of making any graceful preamble and get to grips straightaway with the difficult problem of impotence. Indeed I shall be stricter with myself than are the text-books, and instead of wasting your valuable time in discussing such organic causes of sexual disability as elephantiasis of the penis, extensive hypospadias, fibrous cavernositis, eunuchoidism and lesions of the central nervous system, will direct your attention immediately to the more difficult and commoner type of primary impotence in which no obvious cause can be found for the patient's inability to achieve normal intercourse.

But even although brevity is my aim, I cannot avoid dealing with some preliminary considerations connected with the subject of sex. The first of these is that sex is to a great extent an individual endowment, and that generalisations that can be applied to the whole of mankind must be made with the greatest caution. The capacity for sex varies enormously in different individuals. What is normal in desire and in achievement for one man is sub-normal or supra-normal for another. So also is the duration of sex subject to great variations. I know of septuagenarians to whom sexual intercourse appears to be a vital necessity, and on the other hand of men in the fifties who have laid sex aside as something which has served its purpose and is no longer required. But in spite of this fact that many men retain their sex in old age, I firmly believe that at a certain period of life, and most frequently between the ages of fifty-five and sixty-five, changes occur in every male which resemble in their general character the changes through which the female passes at the time of the menopause. This

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period, although it is less well defined than it is in the case of women, is generally associated with certain alterations of physical health, and more particularly with the occurrence of degenerative changes in the prostate. It is also likely to be characterised by a certain degree of mental instability and by a temporary increase of sexual desire, so that one would be wise to counsel all men who are passing through their menopause to avoid the use of the public parks after sundown.

But interesting as this subject is, we must pass to the subject of impotence. Impotence, I need not remind you, is the inability to perform the sexual act. Although this inability may be a cause of sterility, it is necessary to bear in mind that impotence and sterility are different clinical entities. The disability may be of different degrees ranging from a slight weakening of the sexual powers of that individual up to complete incapacity to effect coitus. The causes that may be responsible for an impotence are so numerous that it would make my subject clearer if I could classify them under different headings, but unfortunately I do not know of any satisfactory method of doing so. To attempt such a method of exposition would indeed be to presume a knowledge that we do not yet possess, and I think it more honest, therefore, merely to bring certain types of primary idiopathic impotence before you and say what I can about their causation and treatment.

However, first let me be clear about the term " idiopathic." It is, of course, widely recognised that in certain cases of primary impotence we may find organic changes to be present in the genital tract. Generally these are most marked in the irritable type of impotence characterised by premature emissions. Not infrequently if we make a rectal examination on a patient suffering from precipitate ejaculation, we discover a swollen and boggy prostate which is more tender to the touch than is the normal gland. Posterior urethroscopy reveals the fact that the verumontanum is considerably enlarged and usually the whole of the urethra would appear to be hyperæsthetic. The changes indeed are exactly the same as those found in a patient who has been guilty of sexual excess, either through over-frequent coitus or masturbation. Max Huhner, in his book on " Disorders of the Sexual Function," has given an excellent account of these

changes and has recommended for their treatment rest, prostatic massage and posterior instillations of silver nitrate. He has indeed assumed that these lesions of the posterior urethra are the cause of the impotence. Personally I doubt whether he is right in doing so. Whilst I have undoubtedly had under my care cases of premature ejaculations in which these changes were the cause of the impotence, I have had others in which I have felt that the changes were secondary rather than primary. In the former class I would put patients who had previously suffered from an infection of the prostate; in the latter those in whom no such infection could be found. I am indeed tempted to believe that in most of these non-infected cases of premature ejaculation the changes found in the posterior urethra are not the cause but the result of impotence. They are merely indications of a vascular disturbance resulting from faulty vaso-motor control. In other words, I look upon the swollen and hyperæsthetic verumontanum of the impotent man as I look upon the wheals that appear on the back of a hysterical woman when I draw my finger over it. For this reason I am inclined to think that in non-infected cases a swollen and tender prostate may still be compatible with the terms idiopathic and primary.

Now although in making this statement I am emphasising the importance of the central nervous system at the expense of the genitalia, the last thing I would like you to believe is that I do not appreciate the necessity of an exhaustive examination of the genital tract for any organic lesions that may be present. We all know how often a functional trouble is found to have developed around a trifling organic lesion. Particularly is this true of functional troubles of the sexual organs. I could cite cases of impotence which have followed gonorrhœa, papilloma, a *bacillus coli* infection, and prostatic calculus, and it is obvious that the discovery of any organic disease plays an important part in obtaining a cure. Indeed, I have no hesitation in saying that this preliminary examination of a case of impotence should be as searching as possible, not only because of the vital importance of eliminating physical lesions, but also in order that the patient may feel assured that the investigation has been thorough.

When the physical examination has been completed

and the diagnosis of primary impotence arrived at, the chief difficulty is approached. What is the cause of the impotence? Speaking generally it may be said that the cause will most frequently be found in the higher nervous centres. I need not remind you that although the cerebrum is responsible for the initiation of the act of coitus, it plays only a subsidiary part in its completion. But, unfortunately, although the higher centres do little to maintain erection, once it has occurred their power of interference with the working of the lumbar centres is considerable. We may indeed describe the commoner form of primary impotence as an inhibition of a normal spinal reflex by the action of the higher centres.

The usual explanation of a primary impotence being a psychological one, we must next consider what are the psychological causes that are found to be responsible for the disability. We can safely say that *inter alia* fear or anxiety is the most potent of all the causes of inhibition. The fear may take many forms, fear of sex, fear of consequences, fear of disease, fear of inflicting harm, fear of having masturbated, fear of failure and so on, indefinitely. It is our duty to discover what form the patient's anxiety has taken, and once discovered to wrestle with it and overcome it. What method we employ to achieve our object will depend on circumstances. Sometimes a simple explanation will suffice, for other cases, persuasion, suggestion, hypnotic suggestion, or even analysis may be required. But by hook or by crook we must gain our patient's confidence and cast out the devil that has taken possession of him.

But whilst fear is the commonest, it is not the only cause of inhibition of the sexual function. Far be it from me to suggest that to cure our patients we have merely to search for fear and cast it out. All cases are not so simple as this, for we must realise that impotence is as often as not merely one of many signs that all is not well with our patient. It is a symptom of a general failure to adapt to life. At some time or another the patient has found his environment too difficult and has taken a wrong turning in his efforts to escape from trouble. In order to reach what he feels to be safety, something has had to be sacrificed, and not infrequently the sacrifice has been sex. As a result one meets from time to time men in whom sexual desire would appear

not to exist. Some of them have married, and when they have not been able to accomplish what is expected of them they are surprised. These cases have undoubtedly had desire at some period of their life, but in the process of adjusting to the conditions that surrounded them they have strangled it. When the patient is well on in years and sexual desire lies only in the dim past any hope of recovering it must be abandoned, but in less desperate cases something may be accomplished. It will, however, mean long and patient work, for the whole attitude of the patient not only towards sex but to life itself must be changed before desire can be revived. It is not surprising that the majority have insufficient fortitude and faith to submit to such a wholesale re-ordering of their lives.

Sometimes the absence of normal desire is due not to a strangling but to an aberration of sex. In this category we must place cases of homosexuality, fetichism, masochism, sadism, and the rarer abnormalities recognised by psycho-therapists. I mention these conditions merely in order to record the fact that in an aberration of sex may lie the explanation of an impotence.

At this point in my paper I can almost hear my audience exclaiming, " What practical value have all these wide generalisations ? How are we to treat a case of primary impotence ? " You have my sympathy, and I will try to be more practical.

The first essential is to obtain your patient's confidence, and in order to do that your preliminary examination must be most searching. He must feel that at least his troubles are being taken seriously and that he is not going to be sent away with the words, " Don't worry, there is nothing the matter with you." Moreover, your examination may bring to light some physical abnormality, a tight prepuce, an inflamed prostate, an infected vesicle, which, mild though it may be, is enough to affect the complicated reflex of the sexual act. When you have completed your examination and gained your patient's trust, some plan of treatment must be laid down. Here it becomes difficult to generalise for, in the hackneyed and not always fruitful words of the text-book, " each case must be treated on its own merits." However, all cases want to be given some explanation of their troubles, so that it will generally be necessary to satisfy the patient

in this direction. The explanation must be suited to the patient's mentality, and to those who are quite unable to appreciate the nature of functional trouble, it may be necessary to supply an answer which though not strictly accurate is suited to their needs. But to the majority it is possible to say that structurally the engine is sound but that the pressure that is needed to make it go is wanting. In the irritable type or stage, rest must always be enjoined. The rest must be complete, and not only must attempts at intercourse be forbidden, but also all stimulation of a sexual nature.

The next step is to decide whether physical treatment is or is not advisable. You will notice that I have mentioned only physical remedies, for the need of psychological handling is always present, whatever other treatment is or is not given. In most cases some amount of physical treatment is an advantage not only for the sake of any direct help it may afford, but because the giving of it provides a good opportunity for psychotherapy. I can recall one case in which I was even constrained to undertake an operation to obtain my patient's confidence and at the same time an opportunity to reach him psychologically. He was a youth in whom sex had almost perished as the result of his being brought up in a house that reflected the terror that his mother herself felt for this subject. He was convinced that on some occasion on which he had given way to self-abuse he had ruptured one of the ligaments of his penis. Under a general anæsthetic I repaired that ligament, and while convalescing in a nursing home, got on with the more important work of freeing from the maternal fetters a cramped and tortured mind. It took a year to liberate him, and he now lives his own life and follows his own ideal away from the family roof.

In cases of premature ejaculation that are associated with the changes in the posterior urethra already described, Max Hühner's treatment, by means of prostatic massage combined with deep instillations of Silver Nitrate, often give good results. Sometimes when this has failed I have brought about improvement by lightly burning the verumontanum through a posterior urethroscope with a diathermy current. At the same time, having heard that both in Japan and in India certain dances have been used for the purpose of gaining greater control over

the duration of the sexual act, I have tried to evolve certain exercises which put into action the muscles of the perineum. Sometimes when the fault lies in the strength of the erection rather than in the ejaculation, I have used drugs, generally in the form of strychnine taken at two-hourly intervals before intercourse. Of Yohimbin and the so-called aphrodisiacs I can speak little good. Man has been searching for love potions since the dawn of history, and I can see little difference between the powdered rhinoceros horn of Tanganyika and the latest efforts of the synthetic chemist.

Electricity is more likely to prove helpful, perhaps because it is associated in the patient's mind with the idea of magic. Anyhow, electrical baths are invigorating, and I have known them to provide just that extra fillip which was wanted for success.

To the future practitioner endocrine therapy may prove more useful, but since at present we only possess one active extract, we cannot expect much help from it. Nevertheless, thyroid does appear to give something to certain middle-aged men in whom sex is weak. Baths, massage, exercises and tonics help in so far as they tend to raise the level of health and increase muscle tone. Of Charcot's method of treatment by means of suspension and of the German psychophore I have little personal experience.

And now let me conclude with a brief word on prophylaxis. Surely the crop of sexual neurotics that we meet with in our consulting room is a proof, if proof be needed, of the stupidity of our upbringing on the subject of sex. It is true that the majority of us by later experience and knowledge may correct the narrow creed of our adolescence and come to view sex in a more natural light, but why should it be necessary for us to pass through this period of destroying the old and creating the new? Why should children not be told that sex far from being an invention of the Evil One is an endowment of which there is no need to be ashamed. It is true that at the moment we talk more freely of natural functions and that the *taboo* on sex is weaker than it was. Indeed, in certain circles of the community the *taboo* has practically disappeared, and the intimacies of sex are discussed freely at the dinner table. But in this also there is danger. I am told that in Russia all

reticence has been cast aside and that the mechanised proletarian is taught to think of sex as he would think of the desire to eat or to drink. Moreover, as little difficulty is placed in his way in satisfying his desire of sex as in satisfying his need for food. And with this tearing aside of the last veil of modesty has happened the inevitable. Desire has fled ; for in sex there must ever be something of mystery, something that marks it off from the other functions of our body. But it is a mystery in which there is nothing of the unclean, and a possession which, if we would keep it unspoiled, must be handled with all the delicacy of which we are capable.

Discussion

Dr. Hanschell said that Mr. Kenneth Walker had, as was his wont, both instructed and delighted. He had appeared to take it for granted that all impotence was worthy of treatment. It was true that the majority of men had undertaken obligations of potency ; but now and then there came the man, sane and healthy enough, who, if he spoke the truth, had no obligations of potency either openly pledged or privately implied. It was hard, then, to see why the impotency should be bothered about : rather did it seem a matter for serenity and congratulation ; but Dr. Hanschell would be grateful for Mr. Walker's opinion.

Dr. Doble congratulated Mr. Kenneth Walker on his paper, though it was all too short. With regard to a man who had early tabes and had impotence as a part of this disease, if that was treated properly was there any return of sexual power, or not ? Also, was the widower who married again after a term of years more likely to be impotent after that period than if he had not lost his wife ? He thought it likely if some years had elapsed. He spoke of the case of people who became engaged in this country and then went into a tropical country, having nothing to do with women there, and who on returning for the wedding found they were impotent. Nothing wrong physically could be found in such cases which he had seen. He gave injections of orchitic extracts and found that had the desired effect. The patient must be impressed that there is not much wrong and that he can be cured. In one case a man and his wife came and

asked to see him in a month, as there had been no coitus possible. He told them to sleep in separate rooms for a time, and when both felt inclined for coitus, no time should be lost. Consummation dramatically happened at ten o'clock one night, and then all went well, three or four children resulting in due course. He believed that long abstinence from sex connection was a cause of impotence.

MR. HAMISH NICOL said he had had but few cases of impotence in his practice; most of his patients were of the opposite kind—it was difficult to persuade them to control themselves. Most of the instances of impotence he had seen, however, were cases of premature ejaculation, or inability in the matter of erection. Most of these cases were guilty of excesses. In one case ability to perform the act did not give a sense of satisfaction. Treatment failed to improve the condition; psycho-analysis suggestion had no effect. Fear, especially among young men, was often a cause of impotence, *i.e.*, a fear of disease or being found out.

DR. E. R. TOWNLEY CLARKSON said that this subject appeared to appeal but little to the members of the profession, in spite of the fact that impotency was responsible for some of the greatest tragedies in life. It was no exaggeration to state that not only many of the separations of married couples, but also life-long unhappiness, as well as many suicides, resulted from inability to consummate the sexual act. Many individuals did not realise the amount of torture endured by normal refined women in relation to the incompetence of the man, a torture which placed them at times on the border line of insanity. Great reason, therefore, existed for paying much more attention—as Mr. Kenneth Walker did—to this important subject. He (the speaker) received no instruction of value on this subject during his medical education. He quoted an example, typical of what was probably a large group; it was that of the young wife of a professional man who had been married about eighteen months. She might almost be called a super-refined woman. Her desire for consummation and for children was so great that she told her husband that if he failed to satisfy her she would have to resort elsewhere than to her husband. He was not speaking of human icicles, but of normal women.

DR. DOUGLAS WHITE asked what Mr. Walker thought of the various remedies for impotence in the middle-aged which were being put forward at the present day. There were other things than testacoids advertised for this purpose. He also asked Mr. Walker's view as to the value of anterior pituitary gland. Were testicular hormones effective physiologically or only through the psychological stimulus they gave ?

MR. KENNETH WALKER, in reply, said he did not think he ought to be expected to give an ethical address on the subject. In the case of those who seemed to be getting on well without sex, it was well to let sleeping dogs lie, especially as they were sleeping so soundly. He thought recovery of sex power in the presence of tabes was very doubtful ; it was at least erratic. There was a happy belief among many that sex was a tameable animal, whilst others thought of it as a machine that could be turned on and off at will. It often happened that for economic reasons a young man must abstain from sex intercourse. At the age of thirty-five such a man might be in a position to marry, and the tap was turned on. Nature, however, made no provision for these long periods of enforced chastity, and sometimes proved troublesome. Much depended on how the abstinence had been achieved. Often there was no true sublimation, but repression, sex being pushed down into the subconscious. There was no merit in such a form of continence ; it was fear wearing the mask of virtue. Civilisation could do a great deal, but she could not tame sex.

In regard to Dr. Rorke's question, it was a delicate one, as much harm could be done by the intrusion of another person ; the only person who had the right to move in such a case was the wife. He had seen cases which had been quite ruined by the supervention of another party in the shape of the " in-laws." The remedy in the case mentioned was to persuade the wife to talk more freely on sex to her husband. Sometimes the wife was the difficulty, and when one saw the wives of some patients, one realised the source of the difficulty ; he was not referring to personal appearance. In the physical act of sex there was one partner who had to be dominant, namely, the male. The liberation of women had probably increased the sexual difficulties of men. Most of the cases he had met were amongst those who

adopted a negative attitude to sex. In only one or two cases could he attribute the impotence to sexual excesses, and more often than not the excesses were through self-abuse. He had used a great amount of anterior pituitary preparations of a commercial character, and he had a special one from Professor Crewe, of Edinburgh ; but he was still doubtful of their value.

A cordial vote of thanks to Dr. Nabarro for presiding was carried by acclamation.